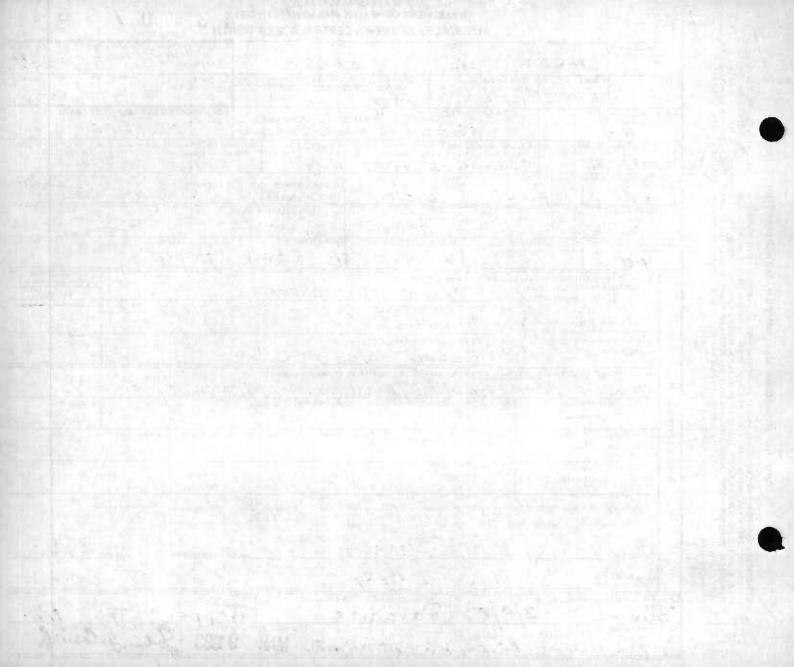
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR Year 83 hours after death Manth 03 Day 08 (Type or print) Margerie Bailey OA W 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) Female. Black. 01-18-1897 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (duntry) Maryland U.S.A. WIDOWED | DIVORCEO [Dorchester 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR INDUSTRY Omestic give street address) during most of working life, even if retired.) Williamsburg St. Mary's Domiciliary Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN | 13d. IN me retired
| 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER the death certificate be executed Maryland 3b. COUNTY Dorchester Williamsburg IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last Robert Bailey Matilda Myers 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ne ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Localio Re BETWEEN ONSET AND DEATH andio Resperor Canditians, if any, which gave) buriol-trans. PHYSICIAN: The law requires that rise ta immediate cause (a), DUE TO, OR AS ACONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause Hortic Stenese PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO TX for use YES 🗍 21o. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 22a. I certify that (I) (this haspital) attended the deceased from June 16, 19, 52, to Jan 15, 19, 53, that (I) (we) last saw the deceased alive on 19, 53 and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stoted obove, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 3-21-83 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Michael J. Fadden P.O. Box 750 Hurlock, Md. 23d. LOCATION (City or Town) a 1 b (County) wid . (State) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 1983. Sherewood March RECORPRISIRARIE LI SWEEDSTRAR'S SIGNATURE VR A15 (4) DATEMAR 2 8 1983 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH



STATE OF MARYLAND



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Apr. 2, 1983

74 FUNERAL PREGORAS Funeral Home Cambridge, Md., 21618PR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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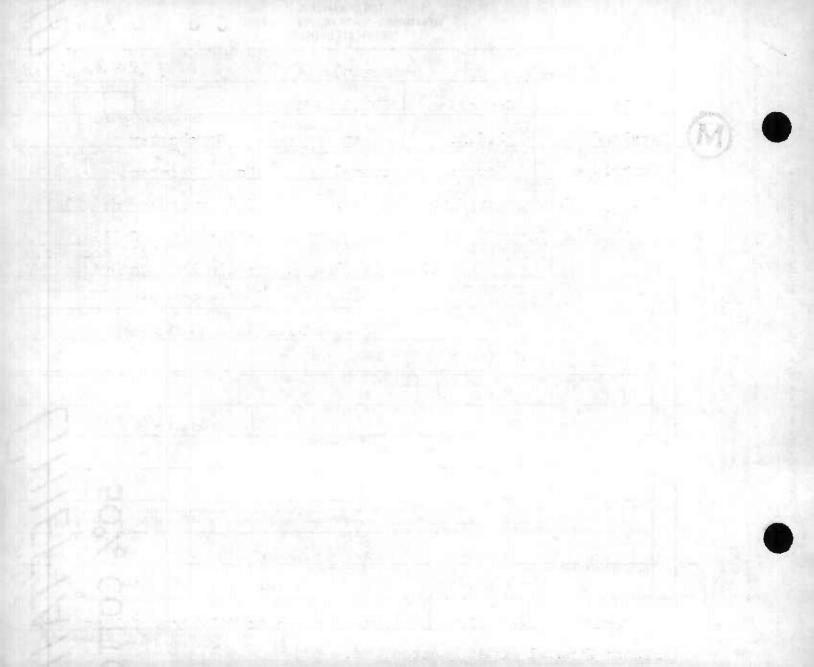
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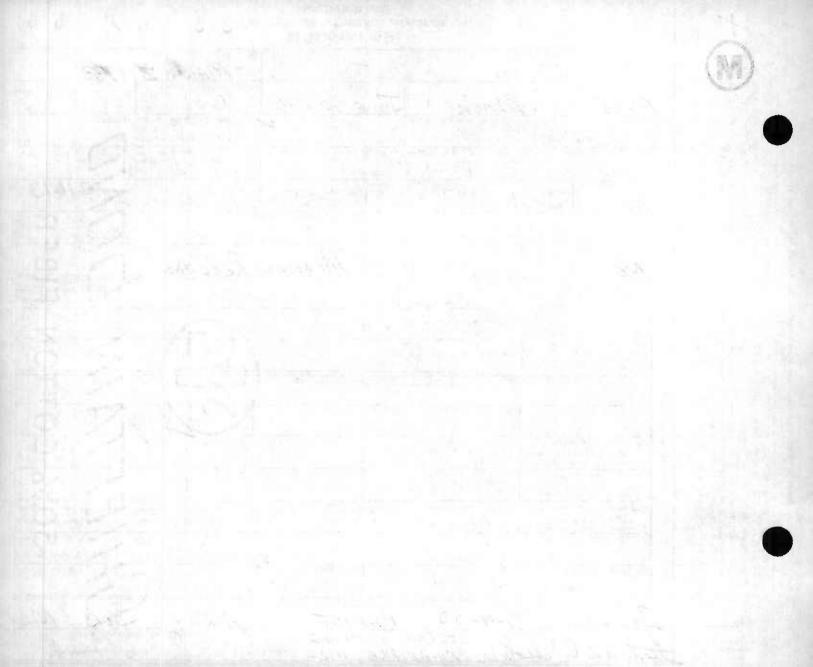
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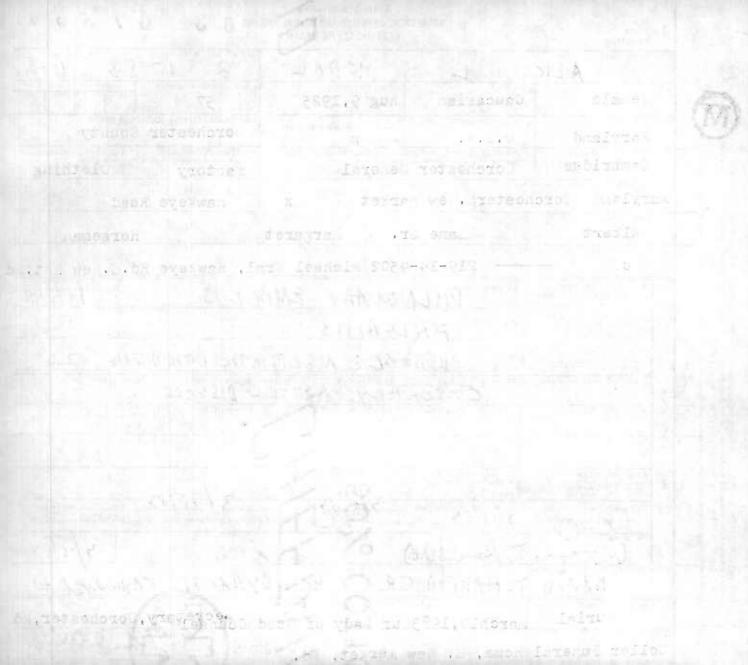
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(VRA 15, 4)

STATE OF MARYLAND

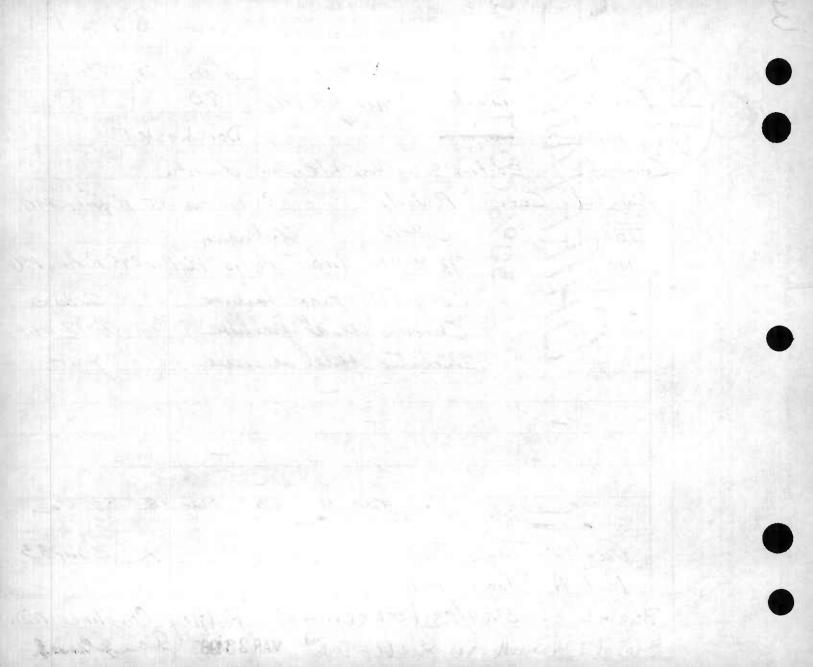
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



5 15	1.	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	7570
decip (M)		CEASED NAME FIRST Richard	d Lee	Linthicum	REG. NO. 20 DATE OF DEATH MONTH March 10	1983 26 HOUR 0500 M
ctor. po	3 SE	male	4 RACE white	5. DATE OF BIRTH March 23 1903	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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softer is ofter filed with	10. C	Cambridge	Dorcheste:	URSING HOME OR OTHER INSTITUTION E STREET ADDRESS) T General Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Farmer	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by spers. Pages 1 and 2 should be filt you.	13a		NTY 13c. CITY O	r town 13d INSIDE CITY LIMITS?		st Highway
uted within	14. F.	ATHER'S NAME Benjamin		hicum 15 MOTHER'S MAIDEN N	MIDDLE	Green
IMORE,		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	COSTA OR OR OR ALES	17 INFORMANT 07-7382 A Lula S.	Linthicum I	Item 13
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove corban p urol, cremotion, or remo v, or other troumatic even	Z	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost.	DUE TO, OR AS A CON	ustaine Ca of F	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I GIVEN IN PART 1(0)
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OR ATTENDI he hospitol or DIRECTOR. A loched for use Dept. of Heol		220.1 certify that (1) (this hasp	2 11/1		n death occurred on the date and	hour and from the couses stated 22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be determined with the State MPORTANT: 1	720	22d PHYSICIAN'S NAME (TYPE O	nehta mid	22e. ADDRESS	rorast Car	nbridge, md
BP	230.	BURIAL, CREMATION, REMOVAL SPECIFY) burial	3/12/83	Trinity Churchya		eek Dor Md
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR HOMAS FUNERAL	L HOME CAMB	ESS LA A	ATE REC'D. BY REGISTRAP 36, RE	GISTRAR'S SIGNATURE

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)			FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	1011
	1 31/		DECEASED NAME FIRST PROPRIENTS Blanche	MIDDLE	Little	20 DATE OF DEATH MONTH	1983 6125 M
			Femile	Black	5. DATE OF BIRTH MONTH DAY YEAR 27. 1902	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR I IF UNDER 24 HRS
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AND 21	in 24 hot	5	Maryland Ca	HER INSTITUTION GIVE RESIDENCE BEFORE 130 CITY OR TOWN	N 13d INSIDE CITY LIMITS?	P-0. Bux 245	Riddely, MD
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TIMORE	be medica	2) WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES, GIVE W		4871 Herbert H		245 Ridgely MO
V ST., BAL	certificate ng physici bon poper r removol.		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	AUSE (a)	slive Read for	ailure	2 days
TOL	ne death ne attendi emove co matian, o		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A SERVEDUE	us senal fa	elure	6-12 mos
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CORDS,	been sign mit. Then prior to by ony injury				OPERATION WAS PERFORMED		S, WERE FINDINGS USED
TALRE	he from hos hos ene	9	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121, HOW INTERVOCCIE		IFYING CAUSES OF DEATH?
N OF VI	SICIAN: T ng physici certificate uriol-tronsi ental Hygi frem 18 sh	9	OR CONTRIBUTING TO CAUSE OF BEATH	HOUR A.M. MONTH DA	AY YEAR	ENTER NATURE OF INJURY IN TEM IS	PART FOR PART 2)
DIVISION OF VITAL RECORDS	offending ter this ce is the burn h and Mer		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK.	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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	the here toche e Dep		22b. SIGNATURE	legg THY	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	18 Mar 83
	TO HOSPITA retoined by TO FUNERA should be de with the Stot	1	22d. PHYSICIAN'S NAME (TYPE OF PR	Stagg M.D	22e. ADDRESS		
0	BP	23	BURIAL, CREMATION, REMOVAL	3/24/83 2	NAME OF CEMETERY OR CREMATORY OF KERNAN	Ridgley C	avoline MD.
	DHMH - 16 50M 1/B1 (VRA 15, 4)	24	FUNERAL DIRECTOR NAME N. Dash	all 50. 80	4606 Easter 250. DA	R 2 3 1983	STRAR'S SIGNATURE



(VRA 15, 4)

STATE OF MARYLAND

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REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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MA 3 MIA MIA	14. F/	THER'S NAME WILLIAM	MIDDLE	QUIĞĞ	15. MOT	HER'S MAIDEN NA	ME	DLE	Me I	LAST	
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T., BALTIMORE, M. URS AFTER DEATH URS AFTER DEATH URS AFTER DEATH WITH FORM PM. IT. PAGES I AND 2. DIVISION OF VITA	(1)	(IF YES, GIVE V	WAR OR DATES)	016-03-		CATHERI:			ILLE,		
ST., Jan.		18 CAUSE OF DEATH (Enter onle PART I DEATH WAS CAUSED	RY.	or (a), (b), and (c).)		+			BE	APPROXIMAT ETWEEN ONSE	T AND DEATH
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PRES VER AL HIN REM	1	Conditions, if any, which gave rise to immediate	(b) F	Ulmonary	Russles	m					
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ATE, T	1	22a. I certify that I took charge	e of the remains desc	ribed above, held an	Autopsy .	Inspection .	, Inquiry	and in	my apınian		
BE F BE F SYLAL		death resulted from: Nature	al causes .	Accident Su	icide . Hor	micide . Un	determined mani	ner .			
THE CER THE CER THOULD TATH, WINNER, WATH, WINNER, WATH, WINNER, WATH		ACTUAL SIGNATURE	lon m	may	M.D. TITLE	SPUTY M	NEDICAL EXAMIN	VER .	DATE SIGNED	3/7/	143
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	-	EXAMINER'S NAME (TYPE OR PRINT)	HNY	1ACEJ	1 ADDRESS	CAL	BR		, M	(1)	
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m c		CEASED NAME FIRS	T MIDDLE	0	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
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BP	230	BURIAL, CREMATION, REMO (SPECIFY) burial	23b. DATE 3/19/83		EMETERY OR CREMATORY t Churchyard	23d LOCATION CITY OR TOWN	Dor.	Md. STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	AL HOME CAMB		25a DATE	- 0	STRAR SICONT	WRE LA

a.c./ uiceviyacus d. Songastor Cambridge zedadvo . La deba wbh 219-64-1002 Freedore Eddling IX Daybone Be and the Department of the Control of The state of the s burdet ... TAIN IS a churtur unurenyasa cashastga sorta delad Market Strate of Land Land and Land MARES S 1983 John J. Could.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME EMILY ROBI NSON 20. DATE OF DEATH MONTH LTYPE OR PRINTS mi 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HPS APRIL 6° 1920 FEMALE CAU. 62 yrs. To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUMARYLAND U.S.A. DORCHESTER WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE)
TEACHER DORCHESTER GENERAL HOSPITAL INDUSTRY CAMBRI DGE SCHOOLS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MARYLAND 21613 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 413 Edlon Park Dr. NO TX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FRED ROBINSON 0. ETHEL DEAN 166 SOCIAL SECURITY NO. 17 INFORMANT (SOIL) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) Bryan Pritchett, same as 13e 214-12-5942 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CARCINOMATOSIS ABDOMINAL PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OBSTRUCTION COMMON NOT NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on FEB 15 obove, (1) (we) (did) (did nat) view the bady after death. and that in (my) (our) opinian death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS TO FUNES should be with the St MPORT RACE ST CAMBRIDGE, MD 21/13 MARYANOV 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) burial Feb. 22, 1983 Dorchester Mem. Pk. Airev. Cambridge, Dorchester, Md Cambridge, Md. 21613 250. DATE REC'D. BY REGISTRAR 200 EGISTRAR SSIGN TURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 CURRAN FUNERAL HOME, 308 HIGH ST. (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) Sheldon F. Smith DEATH MATED 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 11AM M Whi te 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTR MARRIED NEVER MARRIED Md. Dorchester WIDOWED T DIVORCED . 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID CITY OF TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Dorchester General Hurlock farmer - canner Food-Proc. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN 300 Noble Avenue Dorchester Hurlock YES TO NO Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Smith Charlotte Baker Smi th 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 214-32-0930 Roger C. Smith 300 Noble Ave. Hur. Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gun Shot wound of brain DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL, YES NOW 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TO OR MEDICAL 8AMM3-7-Self inflicted gunshot wound, CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK 300 Mulberry Home Ave. Hurlock, Dor. Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinian Suicide X Hamicide Undetermined monner Accident TITLE (SPECIFY) TO MEDICAL E
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BALTIMORE, MA M.D. Deputy SIGNATURE Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Burial E. New Mkt. Dorchester Mar 10.1983 E. New Market BP. 24 FUNERAL DIRECTOR DHMH - 17 Framptom-Hawkins Box 43 Federalsburg, Md. (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR 1. DECEASED NAME 2d. DATE KNOWN Zb. HOUR (TYPE OR PRINT) ESTI-183 5PM DEATH MATED RALPH BUCK 3-19 TRAVIS 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR . SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED ,83 12:3 Mar. 20 DEAD SEPT. 13,1951 MALE CAU. 31 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. DORCHESTER WIDOWED DIVORCED WITH FORM PM 3. RETAIN PAGE 1. PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF VITAL RECORDS: 2011 M. 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) near Hoopers Isl. Honga River Marine Const USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21642 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO TA RURAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LULA SAMUEL TRAVIS.SR TRAVERS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PRECE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WEDE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WED FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING KOR 1983 5PM-M3-19-Fell off boat. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED Honga River Nr. Hoopers Island. WHILE AT WORK AT WORK Md. Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Accident Homicide Undetermined manner deoth resulted from Natural couses TITLE (SPECIFY) 3/21/83 Deputy SIGNATURE MEDICAL EXAMINER John Mace Jr. M.D. Cambridge, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23,1983 Dorchester Mem. Pk.Cem. Airey, Cambridge, Dorchester, Md BURLAL BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 351 REGISTRAR'S SIGNATURE 21613 Md. **DHMH-17** Curran Funeral Home, 308 High St., Cambridge, (VR A15 ME (5)) 15M 2/80

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